September 20, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-1037-01
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Neurology.

The physician reviewer AGREES with the determination of the insurance carrier. The reviewer is of the opinion that a repeat EMG is NOT medically necessary in this case.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **ten (10)** days of your receipt of this decision (28 Tex. Admin. Code 142.5©).
If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **twenty (20)** days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5)** days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on September 20, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for ___. I have reviewed the medical information forwarded to me concerning MDR #M2-02-1037-01, in the area of Neurology. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. ___ neurology progress notes.
2. ___ clinic notes.
3. ___ notes.
4. MRI of the cervical spine, dated 11/16/00.
5. EMG dated 01/15/01.

B. BRIEF CLINICAL HISTORY:

This patient had a work-related injury in which he fell out of a chair, with subsequent neck pain and radiating arm pain symptoms in the ___. On November 16, 2000, he had an MRI of the cervical spine which showed some multi-level degenerative disk disease with a posterior disk protrusion at C4-5, C5-6 and C6-7. Spinal cord contact was seen in these images as well as some right neuroforaminal stenosis at C5-6 and C6-7. He subsequently had an EMG on January 15, 2001, which was normal.

During this time, he did not have any weakness or reflex asymmetry on original neurologic examination, although he did complain of some numbness in his hand. He subsequently had recurrences of his neck pain, and a repeat EMG was requested. No change in his neurologic exam was documented.

C. DISPUTED SERVICES:

The need for a repeat EMG is under dispute.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

In this case, the patient did have recurrent neck pain and radiating arm pain. He had no change in his objective neurologic exam, however. He initially had good strength, normal reflexes, and some numbness in his hand. On his recurrence, he continued to have numbness in the same fingers as previously, and no change in his neurologic exam was documented.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 18 September 2002